

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD 262 (REV. 10/92)

| | | | | | |
|--|-------|---------------------------------------|------------|------------------------------------|-------|
| CLAIMANT'S NAME Rachel Arrezola | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT Governor's Office | |
| POSITION Chief Deputy Press Secretary | | CB/ID NUMBER | | DIVISION OR BUREAU Press Office | |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | TELEPHONE NUMBER | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| | | | Sacramento | CA | 95814 |

| 10-Feb | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | INCIDENTALS | COST OF TRANS. | TYPE USED | TRANSPORTATION | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|----------|---|---------|-----------|-------|--------|-------------|-------------------|-----------|-------------------------------|--------------------------|--------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | | | CARFARE, TOLLS, PARKING | PRIVATE CAR USE MILES | AMOUNT | | |
| 23-Feb | 11 00 AM | Los Angeles | 125.49 | | | | | 347.40 | | 13.00 | 22 | 9.79 | | 495.68 |
| 24-Feb | 5 40 PM | Sacramento | | 3.00 | | | | | | | | 0.00 | | 3.00 |
| 26-Feb | 5 00 AM | Culver City | | 6.00 | | | | 347.40 | | 64.25 | 22 | 9.79 | | 437.44 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTALS | | | 125.49 | 9.00 | 0.00 | 0.00 | 0.00 | 694.80 | 0.00 | 89.22 | 44 | 19.58 | 0.00 | |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | 926.09 | | | | | | | | | | \$938.09 | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS public events in Los Angeles & Culver City

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

BY REVOLVING FUND CHECK NUMBER

240926

NT

DATE

3/3/10

DATE

3/3/10

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle to or greater than the rate claimed and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753.

Safety and seat belt use

CLAIMANT

DATE

3/1/10

SIGNATURE

SIGNATURE OF TITLE OF AUTHORITY OR SPECIAL EXPENSES